

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV - 1 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 826078

1. Corporation Name

BAG SPECIALISTS INC.

Principal Place of Business

Mailing Address

2360 NW 150th STREET
OPA LOCKA, FLA 33054

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

1981

5. FEI Number

22-1739296

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES.	HARVEY STAHL	2360 NW 150th STREET	OPA LOCKA, FLA 33054
V. PRES.	RICHARD KRAUSER	2360 NW 150th STREET	OPA LOCKA, FLA 33054
V. PRES.	ALFRED WARTEL	2360 NW 150th STREET	OPA LOCKA, FLA 33054
			300003038833--1 -11/09/99--01007--004 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARVEY STAHL
2360 NW 150th STREET
OPA LOCKA, FLA 33054

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Harvey Stahl

REGISTERED AGENT MUST SIGN

Date 10-29-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., the taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Harvey Stahl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-99 (973) 482-2255

Date

Daytime Phone #

CR2E081 (12/98)

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BAG SPECIALISTS INC.

October 14, 1999

Department of State
Division of Corporation
409 East Gaines Street
Tallahassee, FLA 32399

Gentlemen:

We received your Notice of Administrative Dissolution. However, we never received the original form. Had we received this form we would have paid and returned it in a timely manner.

In view of the above, we feel that we are being penalized for circumstances over which we had no control.

Please review the matter and advise us of the amount of the reinstatement fee to be sent to you and we will take care of it at once.

Thank you for your consideration, we are

Very truly yours,

A handwritten signature in cursive script that reads 'Harvey Stahl'.

Harvey Stahl
President

HS:hos